



Office of the County Clerk

Diana Alba
County Clerk
Commissioner of Civil Marriages

Jim Pierce
Assistant County Clerk

201 East Clark Avenue
P. O. Box 551603
Las Vegas, NV 89155-1603
702-671-0600 / 702-385-8911 Fax

IT IS UNLAWFUL TO SOLEMNIZE MARRIAGES BEFORE YOU OBTAIN A CERTIFICATE OF AUTHORITY TO SOLEMNIZE MARRIAGES

INSTRUCTIONS FOR A RELIGIOUS OFFICIAL PERMANENT CERTIFICATE OF AUTHORITY

The following documents are required:

1. *Application for a Certificate of Authority to Solemnize Marriages in the State of Nevada*
Applicant must be authorized to solemnize marriages through the church or religious organization he/she currently serves as indicated on the application.
2. *Affidavit of Authority to Solemnize Marriages must be signed by someone in the church or religious organization you currently serve who has authority to speak on behalf of that church or religious organization and can verify that you are in good standing within that church or religious organization.*
This Affidavit cannot be signed by the applicant.
3. *Release and Authorization for Background Investigation, including the Payment Information/Authorization for Background Check.* Payment in the amount of \$45.00 for the background check may be by money order or cashier's check payable to Screening One. Payment must accompany your submission. **This fee is non-refundable.**
4. *Application Fee.* Payment in the amount of \$25.00 for application processing may be by money order or cashier's check payable to County Clerk. Payment must accompany your submission. **This fee is non-refundable.**

All paperwork must be submitted to the Clerk's Office Marriage License Bureau at the address listed above, Attention: Marriage Officiant Processing.

The Release and Authorization for Background Check, together with payment of \$45.00, will be forwarded to Screening One. Screening One will prepare a background report and send it to the County Clerk. The \$25 Application Fee will be processed immediately and a receipt will be mailed along with the approved certificate or notice regarding the status of your application.

Processing of the Application, including completion of the background check, requires **approximately 45 days**. **Submitting paperwork 6 to 8 weeks in advance is recommended.** Applications are processed in the order in which they are received.

Paperwork must be filled out completely and properly signed and notarized. Applications that are incomplete will delay the process and may result in the certificate being denied.

If your application is approved, your Certificate of Authority, along with instructions for completing and recording a marriage certificate, will be mailed to **the residence address listed on the application**.

Ex-Officio Clerk of:

*Board of County Commissioners - Clark County Board of Equalization
Clark County Liquor and Gaming Board - Mt. Charleston Fire Protection District
Clark County Water Reclamation District Board of Trustees - Clark County Debt Management Commission
Clark County Redevelopment Agency - University Medical Center of Southern Nevada Board of Trustees*

Instructions for a Religious Official Permanent Certificate of Authority
Page 2

If you would like to arrange to pick up the certificate or have it mailed to a different address, please include the instructions with your application. If you require the Certificate be sent by express mail, you must include a self-addressed, pre-paid express mail envelope with your application.

If your application is not approved, you will receive a letter or an e-mail explaining why it was not granted.

Please use the interactive form on the County Clerk web page to complete and print the application. If that is not possible, please print clearly using a fine point black ink pen.

County of Clark, State of Nevada

APPLICATION FOR A RELIGIOUS OFFICIAL PERMANENT CERTIFICATE OF AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE OF NEVADA

1. _____
Full Name of Applicant _____ Nickname or Aliases Used _____
2. _____
Residence Physical Address _____ City _____ State _____ Zip Code _____
3. _____
Mailing Address, if Different _____ City _____ State _____ Zip Code _____
4. _____
Date of Birth _____ Social Security Number _____ E-mail Address _____
5. _____
Residence Telephone No. _____ Religious Organization Telephone No. _____ Cell Phone _____
6. Date of licensure, ordination, appointment or authorization by church or religious organization: _____
7. Name & address of the **local church or religious organization** you **currently** serve:

Name _____
Physical Address _____ City _____ State _____ Zip Code _____
Mailing Address, if Different _____ City _____ State _____ Zip Code _____
Note: Applicants MUST be authorized to solemnize marriages through the religious organization he/she currently serves.
8. Date the church or religious organization was incorporated, organized or established in the State of NV: _____
9. Are you presently in good standing with your church or religious organization? ☐ Yes ☐ No
10. Have you been convicted of a felony, been released from confinement or completed parole or probation, whichever occurs later, within the last 10 years? ☐ Yes ☐ No
If yes, specify the date and place of conviction and what the charges were. **(A copy of the disposition of the case must be provided.)** _____

11. Have you ever had a previous Certificate to perform/solemnize marriages removed, revoked or suspended?
☐ Yes ☐ No If yes, when, where and what were the grounds?

12. Please mark the appropriate response (failure to **mark one response below WILL** result in a delay in processing or possible denial of the Application.)
_____ I am not subject to a court order for the support of a child;

_____ I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I hereby certify by my signature below that my ministry is one of service to my church or religious organization.

Signature of Applicant

All application paperwork must be submitted and completed within three months or it will be necessary to reapply. If the application is denied, applicants may submit a new application after six months time.

VERIFICATION

STATE OF NEVADA)
) §
COUNTY OF _____)

_____, being first duly sworn according to law, deposes and says:
(Name of Applicant)

That he or she is the Applicant in the foregoing *Application for a Certificate of Authority to Solemnize Marriages in the State of Nevada*; that he or she has read the foregoing Application and knows the contents thereof; that the same are true of his/her own knowledge, except for such matters therein stated on information and belief, and as to those matters he or she believes them to be true.

Signature of Applicant

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME

this _____ day of _____, 20_____.

NOTARY PUBLIC

NOTE: IT IS UNLAWFUL TO PERFORM MARRIAGES PRIOR TO THE ISSUANCE OF A CERTIFICATE OF AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE OF NEVADA
--

AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES

STATE OF NEVADA)
)§
COUNTY OF _____)

The _____
(Name of church or religious organization)

is organized and carries on its work in the State of Nevada. Its active meetings are conducted at

(Street address, city or town)

The said church or religious organization hereby finds that

(Name of minister or religious official)

is in good standing and is authorized by the church or religious organization to solemnize marriages.

I am duly authorized by _____
(Name of church or religious organization)

to complete and submit this affidavit.

I shall notify the Clark County Clerk, in writing, by submitting an *Affidavit of Removal of Authority to Solemnize Marriages* within five (5) days following any one or more of the occurrences listed below:

1. If the minister or church or religious official is no longer in good standing as herein stated;
2. If the minister or church or religious official has ceased to be a member of the church or religious organization;
3. If the minister or church or religious official has ceased to be a minister or church or religious official of the church or religious organization;
4. If the minister or church or religious official moves his/her residence from Clark County;
5. If the aforementioned church or religious organization changes address or location; or
6. If the church or religious organization is dissolved or otherwise terminated or changes its existence.

Signature of Official

Name of Official (type or print name)

Title of Official

Address

City, State and Zip Code

Telephone Number

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME

this ____ day of _____, 20____.

NOTARY PUBLIC

October 2013

OFFICE OF THE COUNTY CLERK
DIANA ALBA

RELEASE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

In connection with my application for Authorization to Solemnize Marriages in the State of Nevada pursuant to NRS 122.0-064, Subsection 3 (c), I hereby authorize Diana Alba, Clark County Clerk, and Screening One, Inc. to perform a background screening check (including future screenings for retention, if applicable, and unless revoked by applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of the Clark County Clerk as a sound business practice, but also for the benefit of the public. It is no reflection on an applicant. The report consists of information deemed to have a bearing on the decision to grant authorization to solemnize marriages in the State of Nevada, and may include information from public and private sources and public records. The scope of the report may include information concerning civil and criminal court records, identity, past addresses and Social Security number and is conducted in accordance with applicable federal and state laws.
2. All reports are confidential and provided to the Clark County Clerk for decisions concerning authorization to solemnize marriages only.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W 190th St, Torrance, CA 90504.
4. I authorize and release people, companies, municipal, county, state, and federal agencies and courts to provide all information that is requested to the Clark County Clerk or Screening One.
5. I further release all of the above, including the Clark County Clerk and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

I, _____, hereby consent and authorize the Clark County Clerk and/or Screening One, Inc., on the Clark County Clerk's behalf, to prepare each report as defined above to assist in making decisions relating to granting authorization to solemnize marriages in the State of Nevada, before such decision to grant authorization or anytime after such authorization.

Signature _____ Date _____

**COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION
WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND USED FOR IDENTIFICATION ONLY**

Last Name First Name Middle Name

D.O.B. ____/____/____
Mo. Day Year Social Security Number _____

Former Names Date of Name Change(s) _____

Name on Driver's License Driver's License or ID Number Issuing State _____

**PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN YEARS,
INCLUDING ZIP CODES**

CURRENT: FROM: _____

Street City/State Zip Code

FORMER: FROM: _____ TO: _____

Street City/State Zip Code

FORMER: FROM: _____ TO: _____

Street City/State Zip Code

FORMER: FROM: _____ TO: _____

Street City/State Zip Code

FORMER: FROM: _____ TO: _____

Street City/State Zip Code

FORMER: FROM: _____ TO: _____

Street City/State Zip Code

FORMER: FROM: _____ TO: _____

Street City/State Zip

Please use a separate piece of paper if you need additional entries



For questions, Contact Us at:
Ph: 888-327-6511 ext 206
Fax: 888-216-1003

Payment Information/Authorization
For Background Check

Please type or clearly print all information

Select Payment Method:

_____ Cashier's Check in the amount of \$45.00 payable to screeningOne, Inc.

_____ Money Order in the amount of \$45.00 payable to screeningOne, Inc.

(Credit Cards and personal checks are not acceptable)

Sign below for authorization of background check.

Signed: _____ Date _____